10000000384

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

the second secon			
(((H01000018885 3)))	TAL	2	
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.	CRETAR	FEB 20	
To: Division of Corporations Fax Number : (850)922-4003	Y OF STA) PM 1:5	FILED
From: Nery C. Toledo, Legal Assistant Account Name : AKERMAN, SENTERFITT & EIDSON, P.A. Account Number : 075471001363 Phone : (305)374-5600 Fax Number : (305)374-5095	TATE ORIDA SEC	5 01	Z)
AL 1 ASSET,		FEB 20 AM	
FOREIGN LIMITED LIABILITY COMPANY	SIMIE	======================================	

Hispanic Services Company, LLC

Certificate of Status	0
Certified Copy	I
Page Count	03
Estimated Charge	\$155.00

24359 -106358

(H01000018885 3)

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608-503, FLOR LIMITED LIABILITY COMPANY TO TRANSACT BU			ISTEMA FO	<u> </u>
1. HISPANIC SERVICES COMPANY, I	IIC .			FEB
(Nar	ne of foreign limit	ed liability company)	ASS Referen	320 PI
2 Delaware	3	Applied for	<u> </u>	
(Jurisdiction under the law of which foreign lim company is organized)	ited liability	(FEI number, if applicable)	13 £ 8	- PH - C
4. September 22, 2000	5.	Perpetual	OR!	_
(Date of Organization)		(Duration: Year limited liability company we exist or "perpetual")	ill cease to	− 01
6. Upon qualification				
(Date first transacted business it	n Florida. (See sec	nons 608.501, 608.502, and 817 155, F.S.)		=
		224		
7. 4111 LeTeune Road, Coral Gabl	es. Florida	33146		-
	Street address of p	orincipal office)		
8. If limited liability company is a manag	er-managed co	mpany, check here 🗵	,	
9. The name and usual business addresses	e of the managi	ng members or managers are as follo	wsi	
A. The Bame and dana business addresse:	2 of the munich	#6 ###################################		
Miguel A. Maspons, 4111 LeJeun	e Road, Cora	al Gables, Florida 33146		
·				_
		V		
				_
10. Anached is an original certificate of existence, n	o more than 90 da	vs old, duly authenticated by the official having	custodyofi	records in
the jurisdiction under the law of which it is organize	d. (A photocopy is	spotacceptable. If the certificate is in a foreign] Jangs 1865, 8	
uanslation of the certificate under eath of the wansla	cor must be submit	ted.)		
				-E-3
11. Nature of business or purposes to be	conducted or p	romoted in Florida: 10 engage 1n	any taw	TIT.
act or activity permitted by				 •
A Handle		D//:		
Signaphre of a men	nber or an auth	orized representance of a member		
/1 white drawn with confi	An 608.409/31, F.S.	THE SYCCHROD OF HAZ COCHIMENT CONSTITUTES		
an affirmation under the	penalnes of penjury	that the facts stated herein are true.) spons, Manager		
	ned or printed n			
1 yr	sen or himmen n	HELL TA SIGNA		

(HO1000018885 3)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:			
HISPANIC SERVICES COMPANY, LIC	<u>₹</u> 2	0	
2. The name and the Florida street address of the registered agent and office are:	SECRETARY OF NLLAHASSEE, F	1 FEB 20	_
American Information Services, Inc.	RY ο		
(Name)	20	PH -	_
One Southeast Third Avenue, 28th Floor Florida street address (P.O. Box NOT ACCEPTABLE)	FLORIDA	1: 55	
Miami, FL 33131 City/State/Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.. American Information Services, Inc.

Nerve. Toledo, Assistant Secretary

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

T-705 P.04/04 F-809

State of Delaware Office of the Secretary of State

PAGE 1

I. HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HISPANIC SERVICES COMPANY, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF FEBRUARY, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

OI FEB 20 PM 1:55
SECKETARY OF STATE.

(3)

(H01000018885 3)

3292127 8300

010080818

Warriet Smith Windson Secretary of State

AUTHENTICATION: 0978959

DATE: 02-19-01